

# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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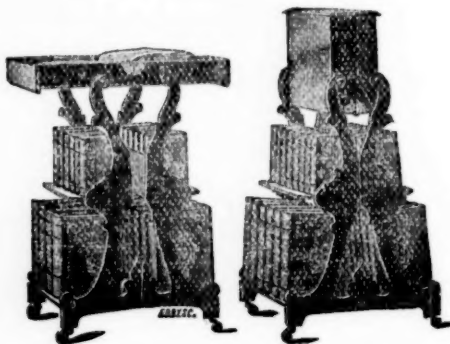
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THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 25, 1884.

Original.

PHLEGMASIA ALBA DOLENS.\*

BY JOHN G. CECIL, B. S., M. D.  
*Visiting Physician to Louisville City Hospital.*

The notes of the following case were kindly furnished by Dr. E. S. Cox, Resident Graduate of Louisville City Hospital:

Celia B., aged twenty-two, white, native of Kentucky, single, primipara, servant, family history clear, health good, admitted to hospital April 8, 1884, was delivered, April 12th, of a seven months' child. Nothing of unusual interest occurred during early months of gestation. Showed great emotion when questioned as to her condition; was deeply mortified at her disgrace. Child was in first position, vertex presenting. Duration of first stage, three hours; second stage, two hours; placenta removed in fifteen minutes without trouble. Labor somewhat remarkable from the fact that absolutely no blood was lost. Child died in a few hours. Three weeks prior to admission suffered an attack of acute lancinating pain in popliteal space of left leg, unaccompanied by signs of inflammation. When admitted she favored the left limb in walking, which was slightly enlarged at the knee and in a semi-flexed position, though it could be straightened without eliciting much pain. In other respects health was good. In order to give her comfort she was put to bed and perfect rest enjoined. No appreciable change either for better or worse was observed until the birth of child, four days after admission, nor was her condition such as to excite alarm for her future.

A few hours after the parturition was complete the pain in the popliteal space and extending downward to calf of leg was

increased in force and character, causing much suffering and anxiety.

Patient had attempted to produce abortion previous to coming to Hospital by taking large doses of tincture of chloride of iron. Facts in regard to this were difficult to obtain, and what part it played in the production of the phlegmasia it would be equally difficult to say. The history of the case from the birth of the child to its fatal termination is as follows:

April 13th, 8 A. M., temperature 102°; pulse 120, and full; leg in region of calf considerably enlarged, glazed, and white. Painted with tincture iodine, bandaged, and elevated; quinine, forty grains during day; opium *pro re nata*; ten gts. tincture iron every three hours. Lochial discharge normal in quantity and quality. Vaginal injections of Condy's fluid used thrice daily.

April 14th, 8 A. M., temperature 103°. Sponged with cold water by which temperature was reduced to 101°. Leg still more swollen, appears edematous, but does not pit on pressure, has the elastic feel peculiar to phlegmasia. No enlargement of superficial veins or corded condition of the deep ones could be detected, and no hyaline lines indicating lymphangitis were observed. Foot is considerably enlarged. Iodine repeated; same treatment. 5 P. M., temperature 101°, pulse 120.

15th, 8 A. M., temperature 102°, pulse 120. Swelling increased, pain severe, controlled by opium. Bowels moved with castor oil. Leg enveloped in hot flax-seed poultice. Iodine discontinued. Tongue thickly furred; appetite small. Quinine and iron by the mouth. Just here it may be well to add that measles was epidemic in the ward, as was also a mild form of puerperal fever.

16th, 8 A. M., temperature 102.5°, pulse 130. Iodine had produced a rather extensive vesication, and under the blisters ap-

\*Read before the Medico-Chirurgical Society, Aug. 8, 1884.

peared a circumscribed spot about the size of a man's hand, deeply injected and ecchymosed, as though a severe bruise had been received. Palpation gave evidence of the presence of fluid, and exploration was deemed advisable. Accordingly an exploration with a tenotome into the calf of leg directly under the bellies of the large muscles was made, which resulted in a slight flow of blood and serum, but no pus. Hop poultices were substituted for flax-seed, and same medication continued, also gentle rubbing from toes upward advised, which gave some comfort if not benefit.

17th, 9 A. M., temperature 102.5°, pulse 130. Shows more constitutional disturbance than at any time previous, and complains of some tenderness over hypogastrium. Hot fomentations were ordered, with relief. Lochial discharge scant but not offensive. Temperature at 8 P. M., 104°, reduced by sponging.

18th: Morning temperature 102°. Entire loss of appetite. Leg now assumed appearance of erysipelatous inflammation extending principally toward the thigh. Opposite leg was at no time involved. 7:30 P. M., temperature 103°. During the day she took egg-nog with relish; expressed herself as feeling worse, but still hopeful. Presence of fluid seemed so apparent that free incision was determined upon, but resulted in the discharge of very little pus and blood. The ecchymosed spot now looked like moist gangrene. Leg was dressed with unguentum stramonii and cotton batting.

19th: Patient transferred to Female Medical Ward. No change in either local or general condition.

20th, 8 A. M., 101.5°. Discharge very offensive, small in quantity, greenish, and bloody. Leg over erysipelatous portion painted with tincture chlor. ferri and glycerine equal parts. Temperature, at 6 P. M., 102°.

21st, 7 A. M., temperature 101.5°. Erysipelas gradually extending, but never became very active, and toward the end of the case seemed to subside, so that during the last four or five days it required very little attention. Temperature, 8 P. M., 103°. Sleeps badly; takes stimulants readily. Quinine continued, and morphia given to ease pain and procure sleep.

22d, 8 A. M., temperature 102°; 12 M., 102.5°; 5 P. M., 103°; reduced by sponging. Muscles of calf disintegrating and gangrenous, odor very offensive. Pus dissecting up the planes of muscles both up

and down the leg. Tongue very red, dry, and tender.

23d, 8 A. M., temperature 102°; 12 M., temperature 102.5°; 5 P. M., 104°; pulse strong and full, but quick; tongue swelling, and glossitis evident. Leg dressed with charcoal and oakum. Quinine given per rectum instead of mouth. Stomach never became irritable, and it is a question if too much quinine and iron were not exhibited, or rather whether any benefit was derived from this heroic dosing.

24th, 8 A. M., temperature 102°; 12 M., temperature 103°; 5 P. M., temperature 103.5°. Temperature for last few days indicating typhoid condition. Tongue badly swollen and very painful, can not swallow at all. Leeches were applied without benefit. Hot water and steam gave some relief. Condition of leg growing worse, swelling somewhat reduced.

25th, 7:30 A. M., temperature 101°; 12 M., temperature 102°; 5 P. M., temperature 102.5°. Dissolution apparent. Same treatment. Nourished by rectum.

26th, 7:30 A. M., temperature 101°; 12 M., temperature 100.5°; 6 P. M., temperature 102.5°. Leg dressed with sol. hydrarg. bichlor. 1 to 1,000, and one tenth grain of same given internally every four hours.

27th, 4 A. M., died rather suddenly, conscious to the last.

Autopsy, twelve hours after death: Cadaveric rigidity not well marked; body slightly emaciated; peritoneal cavity perfectly free from signs of inflammation; uterus well contracted, firm, and about the size of a man's fist, it being fifteen days after birth of child. The uterine walls were about three fourths inch in thickness, and perfectly healthy, the sinuses being entirely free from pus or any evidence of inflammation, the cavity about large enough to admit a virgin womb; the mucous membrane lining the cavity, about three sixteenths or one fourth inch in thickness, presented a dark-gray, worm-eaten appearance, though not discharging an offensive lochia, the line between the muscular coat and the mucous membrane being very distinct. It was the opinion of those present that the uterus was in a healthy and normal condition for that period of involution, except the mucous membrane lining the cavity. Ovaries were in a likewise normal condition. The tongue was so much enlarged that even after death the mouth could not be closed. No further examina-

tion of the body was made. The left leg presented a most revolting condition. It was dissected from thigh to ankle. To the middle of the thigh the femoral vein was in normal condition, but below such a combination of phlebitis and periphlebi is existed that nothing very definite could be ascertained. The femoral vein when cut discharged no pus, but was filled with very black clotted blood. No organized clots were seen. It was impossible to tell whether circulation through this vessel had been entirely suspended; it certainly must have been seriously impeded. The muscular planes from knee to ankle were dissected up, making an immense suppurating surface, though the amount of pus discharged throughout the entire case was not large. The muscles themselves and the skin, except in the calf of the leg, not much injured, the destruction being confined almost entirely to the connective tissue. Neither knee nor ankle joint were invaded. The post-mortem indications were that this was a subcutaneous and inter-muscular cellulitis, the suppurating process being of a spreading character.

A brief resume of the various theories regarding the pathology of this disease will not be devoid of interest, so I have incorporated into this paper a recital of the most prominent as collected by Dr. J. Matthews Duncan:

1. "The disease was ascribed to a metastasis of lochia by many pathologists, and by others to a metastasis of milk.

2. "The discovery of the lymphatics in the last century led to the first attempts of a truly scientific kind to solve the mystery of the nature of this affection, the suggestion being that it arose from their injury and obstruction.

3. "The next attempt to account for this disease was based on the important discovery of the thrombosis of the veins of the affected limb. This was assumed to be an invariable or essential condition of the disease, which was accordingly now regarded as phlebotic. But the recurrence of the lesions regarded as essential, the phlebitis and thrombosis, without the development of the characteristic appearances of the affected limb, and, on the other hand, the occurrence of the characteristic appearances without the simultaneous presence of the phlebitis and thrombosis, demonstrated the insufficiency of the phlebotic theory.

4. "The next theory alleged, but merely alleged, that a morbid condition of the

blood, of undefined nature, is, along with phlebitis and thrombosis, necessary for the production of the disease. This theory is nearly as deficient in basis as the lochia or milk theory. The confirmatory experiments on the lower animals, by injecting lactic acid into the circulation, are in the highest degree insufficient, and it leaves unexplained important points, such as the seat of the affection.

5. "The last theory is that the disease, as it is seen in lying in women, is essentially a parametritis, that it is an affection of the cellular tissue, commencing in the close neighborhood of the womb but extending to remote parts, and it may be prevailing in them, while the original inflammatory affection of the womb and its immediate neighborhood has diminished or even disappeared. Parametric inflammation extends in a similar manner occasionally as far as the cellular tissue around the kidney. When it extends to a limb it is supposed to be the cause of phlegmasia dolens, and to have the phlebitis and thrombosis as concomitants or consequences of it.

6. "The most recent observations with a view to the elucidation of the pathology of phlegmasia are concerned with the thrombosis of uterine sinuses, which goes on in the latter part of natural pregnancy as well as more extensively after delivery."

In the meantime, then, Dr. Duncan concludes that no theory of the disease can be regarded as established, or as having been shown sufficient.

From such authorities as I have consulted and from my very limited observation of this disease, the conclusion arrived at respecting the pathology is, that while we can not find any one theory to be entirely acceptable, a theory comprising parts of several already advocated would more nearly meet all the requirements suggested by the various phenomena. It would embrace three factors, viz: (1) The condition of blood known as hyperinosis. (2) Cellulitis or extended parametritis, if you choose to call it such. (3) Phlebitis and thrombosis resulting from the first two.

LOUISVILLE, KY.

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DR. R. J. FARQUHARSON, Secretary of the Iowa State Board of Health, died in Des Moines on the 6th of September last. He was a popular practitioner of medicine, and an able sanitary officer.



## Miscellany.

**SYLLABUS OF THE TREATMENT OF CRANIAL FRACTURES.**—Dr. John B. Roberts, in the June number of *The Polyclinic*, expressed himself in favor of a more frequent adoption of trephining in cranial fractures. In the September number of the same journal he gives a tabulated statement of what is, in his judgment, the proper treatment for each variety of such fractures. He admits that the line of treatment advocated is more heroic than that generally taught, but it has been accepted only after careful consideration of the reasoning of those who hold the opposite opinion to his own. Every case must be individually studied, and the patient's chances of death, of life with subsequent epilepsy or insanity, or of return to perfect health, carefully weighed; but for a working rule to guide the student and practitioner, he thinks experience will show that the indications given in the table are correct. Trephining, properly performed, is in itself so free of danger that in a doubtful case the patient had better be trephined than allowed to run the risk of death, epilepsy or insanity.

The following is the Syllabus of the Treatment of Fractures of the Cranium:

*Simple Fissured Fractures.* (1) No evident depression, no brain symptoms. No operation. (2) No evident depression, with brain symptoms. Incise scalp and trephine. (3) With evident depression, no brain symptoms. Incise scalp and possibly trephine. (4) With evident depression, with brain symptoms. Incise scalp and trephine.

*Simple Comminuted Fractures.* (5) No evident depression, no brain symptoms. Incise scalp and probably trephine. (6) No evident depression, with brain symptoms. Incise scalp and trephine. (7) With evident depression, no brain symptoms. Incise scalp and trephine. (8) With evident depression, with brain symptoms. Incise scalp and trephine.

*Compound Fissured Fractures.* (9) No evident depression, no brain symptoms. No operation, but treat wound. (10) No evident depression, with brain symptoms. Trephine. (11) With evident depression, no brain symptoms. Possibly trephine. (12) With evident depression, with brain symptoms. Trephine.

*Compound Comminuted Fractures.* (13) No evident depression, no brain symptoms. Probably trephine. (14) No evident de-

pression, with brain symptoms. Trephine. (15) With evident depression, no brain symptoms. Trephine. (16) With evident depression, with brain symptoms. Trephine.

*Punctured and Gun-shot Fractures.* (17) In all cases and under all circumstances, trephine.

In classes 3 and 11 he would be inclined to trephine if the depression was marked, or the fissures sufficiently multiple to approach the character of a comminuted fracture.

In classes 5 and 13 he would trephine, unless the comminution was found to be inconsiderable.

The operation, when decided upon, should be performed at once, or certainly not delayed more than a few hours.

All cases, whether trephined or not, should be treated as cases of incipient inflammation of the brain.

**EXTRA-UTERINE PREGNANCY.**—Dr. T. Gaillard Thomas read, before the recent meeting of the American Gynecological Association, a paper on this topic. (*Philadelphia Medical News*.) In 1882 he read a paper on Extra-uterine Pregnancy, embodying 21 cases. Since that time he had seen six cases. The diagnosis of extra-uterine pregnancy was difficult, and until within the last ten or fifteen years much more so. As the fallopian tube usually ruptures in case of tubal pregnancy before the fourth month, the necessity of early diagnosis was obvious. The methods of diagnosis were then briefly discussed.

As regards frequency, extra-uterine pregnancies were of excessively rare occurrence. Baudl has collected only five cases in seven years, out of 60,000 cases of labor, occurring in the wards of Braun and Spaeth. Dr. Thomas's experience of twenty-seven cases was exceptionally great, and ought to represent between 300,000 and 400,000 labors, or 18,000 gynecological cases, every year for eighteen years. Most of these cases were seen in consultation. He had seen few conditions, from impacted feces to phantom tumor, which had not been mistaken for ectopic pregnancy. It was necessary (1) to make an accurate diagnosis—not easy during the first four months, and (2) to perform in a bold and unflinching manner the operation indicated. It was necessary, also, to cast aside Depaul's dictum, that diagnosis during the first four months of extra-uterine pregnancy was impossible.

The experiments of Leopold, of Leipzig,

(*Archiv für Gynäkologie*) had thrown much light upon the theory of this class of cases. This experimenter had placed, within the abdominal cavities of rabbits, embryos of different ages, electric currents of different characters were then passed through the embryos, and autopsies subsequently performed. Leopold, from these experiments, concluded that rupture of the fetal capsule was more frequent than is generally supposed, and that the dead embryo is usually encapsulated, and remains as a harmless foreign body. Twenty years ago Dr. Stevens Roberts, of New York, wrote a paper on laparotomy as indicated by this class of cases. He, however, had no actual experience. In January, 1883, Lawson Tait published four recoveries after laparotomy for this condition. In October, 1883, Dr. C. K. Briddon, of New York, described several successful operative procedures under similar conditions.

Dr. Thomas then spoke of his last six cases, giving very full histories, in which no autopsies had been performed.

CASE I. Dr. Ferdinand Beach, of New York, summoned Dr. Thomas in consultation, to see a case of extra-uterine pregnancy occurring in a woman twenty-seven years old. When Dr. Thomas saw the woman she was in collapse, from which she partly rallied. On aspiration four fluid-ounces of amniotic fluid were withdrawn. Laparotomy was contra-indicated by the feeble condition of the patient. The autopsy revealed a fetus of four months in Douglas's pouch, and the remains of extensive peritonitis. Laparotomy would certainly have proved fatal.

CASE II. Summoned in consultation by Dr. Elizabeth Cashier. Diagnosis of extra-uterine pregnancy, not advanced to the fourth month, in a woman thirty-two years old, was the result of the visit. The fetus was killed by means of the electric current and the patient recovered.

CASE III. Diagnosis of extra-uterine pregnancy, not advanced to the fourth month. The interrupted and continuous current was applied, under the supervision of Dr. A. J. McKosh. Patient recovered.

CASE IV. This case was brought to Dr. Thomas by Dr. John Lambert. A similar treatment was instituted with like result.

CASE V presented few points of difference in diagnosis, treatment, and result from Case iv.

CASE VI was a case of abdominal pregnancy, advanced beyond the fourth month.

Laparotomy was performed, and the fetal nidus, weighing sixteen pounds, removed. The placenta, attached to a number of points about the small intestines and colon, was ligatured around its edges by the cobbler's stitch, and cut away. These edges were brought to the abdominal incision, and sewed in position, to use an expression of Dr. Pallen's, marsupializing the woman. The patient made an excellent recovery.

In three cases, in which gestation had proceeded respectively to the seventeenth, twelfth, and eleventh month, he had seen the happiest results from allowing the placenta to slough off through the abdominal incision. He recommended waiting, after the fourth month, as long as possible. If the extra-uterine pregnancy is protracted beyond the period of normal gestation the placenta shrinks up and tends to shrivel away.

#### PREVENTION OF CRUELTY TO ANIMALS.—

There are a thousand ways where the evil consequences of abuse or neglect of stock reacts on human beings, and the Humane society has done wisely in bringing these features prominently before the public. Many a man of influence is not tender enough in heart nor sensitive enough in imagination to be much, if at all, impressed by a portrayal of the suffering of a Texas steer *in transitu* across the country, or the slow, distressing decay of swill-fed cattle in stables reeking with filth and prolific in bacilli tuberculosis; but let this man find himself restricted to tasteless roasts, dangerous to health, or once make it plain to him that the baby of the house is in peril from poisoned milk, and he immediately becomes an enthusiastic supporter of the measures proposed by the society looking toward the abolition of customs so barbarous as to render these dangers possible. *St. Louis Courier of Medicine.*

At the banquet of the recent meeting of the American Gynecological Association, "Babies" was proposed as a toast, being supplemented by the following touching lines:

"Beneath this stone our baby lies;  
He neither cries nor hollers;  
It lived but one and twenty days,  
And cost us forty dollars."

The toast met with a fitting response by one of the great obstetric lights of New York. The motive for pushing a verse like this into a toast proposed upon an occasion of the kind is not easy to discover. Can it be that it is but a legitimate outcome of

the new code? Was it copied from a New York daily paper, and is it an indirect means adopted by its many-sided author of informing his own and the *clientele* of his brother practitioners that his fee for obstetric service will hereafter be forty instead of one hundred dollars? Or is the author simply obeying the behests of his own heaven born muse, through whose tender prompting he unwittingly outsoars George Washington Childs in this particular region of poetical flight?

**A RAPID DELIVERY.**—Two doctors of Midland, New York, writes Dr. D. B. Smiley of that place in the Record, recently delivered a parturient woman in fifteen minutes. The head was seized with the forceps, a towel was wound round the neck, and a long pull and a pull together was given, which resulted in the decapitation of the child. The body was then turned and delivered. The vagina and perineum were badly torn, and the woman died on the next day. The cause of the death was given in the death certificate as "uterine paralysis." A coroner's jury sat on the case, and returned a verdict that "The death was caused by childbirth, superinduced by overprotracted labor, and a want of proper care anterior thereto, and that in some respects there was had unskilled practice upon the part of the attendant physicians in the case." One of the doctors took the woman's temperature with his finger, and the other used a "barometer." "Normal temperature," they said at the trial, "ranged somewhere between 70° and 140°, being higher in our Southern States."

**AUTOPSY UPON COHNHEIM.**—The Record says that Dr. Huber, who made the autopsy upon Cohnheim, reports: "Contracted, gouty kidneys, the right being smaller, and both containing calculi; arterio-sclerosis; extreme eccentric hypertrophy of both ventricles; brown induration of both lungs, on the left side hydrothorax, on the right pleuritis; infarction necrosis in the left kidney."

This was certainly a kind of post-mortem in which the great pathologist when living would have delighted to take a hand, and surely if Charon could be prevailed upon to give an exit check, the soul of Cohnheim must have at the time revisited its earthly haunts and given inspiration to the scene.

**ALMOST A DEATH FROM A PATENT NOSTRUM.**—Dr. A. B. Hirsh, of Philadelphia, reports, in The Polyclinic for October, the

almost fatal effects upon a male child, twenty months old, of four doses of Mrs. Winslow's soothing syrup, given in quantity according to directions, and at intervals of four, seven, and two hours. The child was seen by the doctor at two hours and forty-five minutes after the last dose had been given, when it presented all the symptoms of narcotic poisoning. Antidotes for opium, and vigorous restorative measures were at once applied, but relief was obtained only after about four hours of hard work. In view of this and several other similar cases to which he refers, Dr. Hirsh urges the agitation of measures which shall result in the regulation by law of the sale of patent medicines. In conclusion he says aptly:

"The case is more pertinent at this time, when any fakir or shopkeeper may legally retail unlabeled poisons in the guise of patent medicines, while one of our inconsistent laws is now being so interpreted as to inform the patient that, in nine cases out of ten, his doctor has prescribed him medicine containing poison."

**THE NEW YORK STATE MEDICAL ASSOCIATION**, which represents such members of the profession in that State as have refused to be governed by the new code, will hold its first meeting at the Murray Hill Hotel, Parke Avenue, Fortieth and Forty-first street, New York City, November 18th, 19th, and 20th. The programme calls for forty papers, and represents some of the most eminent medical men of the State. Dr. Henry D. Didama, of Syracuse, is the President.

**A DENTIST at Triangle, New York**, once received an order for a block of teeth, as follows: "My mouth is 3 inches across,  $\frac{3}{4}$  inches through the jaw; sum humocky on the edge; shaped like a horse-shoe, toe foward. If you want me to be more particklar I shel hav to cum thar. Yours truly, —."—*Northwestern Lancet*.

**CHOLERA IN ITALY.**—A statement forwarded by the United States Consul at Rome of the cholera epidemic in Italy for the week ending September 16th showed 5,293 cases and 2,812 deaths. The death rate is about fifty-two per cent.

**PROF. BRAUN**, of Heidelberg, has been called to the chair of Surgery in the University of Jena.

**THE profession of Tennessee** want no law to regulate the practice of medicine in that State.—*Maryland Medical Journal*.



## The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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### OUR SANITARY SURROUNDINGS.

An endemic of typhoid fever is now prevailing in Louisville, there being, as rumor has it, more than one hundred cases in the West End, with many more in various parts of the city. A report by Dr. Allen Kelch, published in the *Courier-Journal* of October 12th, locates twelve cases within an area of about a half square mile in the western portion of the city, and an investigation by Dr. J. N. McCormack, Secretary of the State Board of Health, attests the fact that there are many persons down with typhoid in the locality above named.

The majority of the cases are of a mild type, presenting a fitful but not extreme temperature, and no special prominence of intestinal symptoms. A few, however, are typical and severe, though the death-rate up to this time may be represented by a low figure.

The foci and causes of the outbreak are as yet, little more than conjectural, but it has been noted that in the region where the cases appear in the greatest numbers the people, almost without exception, drink the water from our public wells. These wells are sunk to a level with the gravel bed or stratum of limestone which underlies the city,

and it is a point worthy of note that in the lots holding the houses adjacent to these wells privy vaults may be found which penetrate the sub-soil stratum of sand, and in some instances touch the gravel bed. The average distance of these vaults from the wells is probably not more than one hundred and fifty or two hundred feet, while some may be less than a hundred feet away.

In the opinion of the sanitary expert, we have here conditions favoring the contamination of the well-water with privy drip, for aside from direct underground channels of communication between the vaults and the wells, which would insure the pollution of the latter at greater distances than those above named, the privies in many instances lie well inside such areas as are naturally drained by the wells. "The experiments at Grenelle and Passy show that the radius of the area drained [by a well] is equal to four times the [its] depth at least, and that it often exceeds this." (Parke's Hygiene, page 29, Wood & Co., 1883.) Assuming that the average depth of our city wells is sixty feet, the relative positions and depths of the wells and privies would fully sustain the above proposition. It may be urged, however, that since the neighboring ground drained by a well may be represented by an inverted cone whose apex is at the bottom of the well, that the bottom of the adjacent vault must lie outside of the area in question. It can not be denied that this objection will hold, as far as natural area drainage is concerned, in wet or moderately wet seasons, but in a time of very scant water-fall, which the record of the last three months in this region will show, the areas drained by the wells would be extended in great degree, and represent a space more than sufficient to sustain the theory proposed.

Another count against the sanitary surroundings of our city wells may be found in the filthy streets and gutters in the immediate neighborhood of not a few of them. Scarcely a physician in Louisville need walk the distance of a square from his dwelling to find a well with all the condi-

tions necessary to insure its contamination from surface filth. The well in question will be found dug in the side of a filthy street, with its curbing abutting the outer side of the curbstone. When the street is in good repair its surface water drains into the gutters, which in many cases are nothing more or less than elongated catch-basins with no visible outlet. Here cold infusions of manure from passing animals and house filth, which in the less aristocratic parts of the city is daily emptied into the street, stand and fester and stink under the enlivening rays of a summer sun.

Many of these cess-pools, during our present remarkably prolonged heated term, have probably done nothing worse than to breed malaria for the people whose houses are on these streets, but it is not out of accord with facts to believe, when the many broken places in the streets are noted, and the wide spaces (filled with no better cement than sand and gravel) between the gutter stones are taken into view, that much of this filthy fluid, failing to find egress through the sewer, has oozed into the wells.

But while our wells would seem to stand condemned by their vile surroundings, it can not be said that our river is not also a menace to public health. The Ohio has run shallow during many weeks, and while at best it can be regarded only as a more or less dilute sluice of sewage which has been sucked from a thousand sewers in the cities and a million drains in the lands which lie up-stream from Louisville, it is certainly, at a low stage of water, unusually rich in organic matter, putrefactive germs, and probably the microbes of specific disease. A meditation of five minutes upon the nastiness of a great city like Cincinnati, and the thought that its excretory ducts, reeking with the rotteness of the dead and the discharges of disease, are constantly pouring into the river, should, were the stream ever at high tide, twice its average size, and the city situated at three times its present distance from us, give any sane man pause ere

he places a glass of its water to his lips. It is a law of nature that life shall live upon death. As the poet aptly states it,

"Life mocks the idle hate

Of his arch enemy, Death; yea, seats himself  
Upon the sepulcher, and blooms and smiles,  
And of the triumphs of his ghastly foe  
Makes his own nourishment."

In the carrying out of this law, however, it has been provided that the resultants of excretion and death shall come to our stomachs through the medium of the vegetable kingdom, changed by the magic touch of the sun into living, beautiful forms. But it is nowhere provided that we shall tax our assimilative organs with dead matter and its specific accompaniments when once it has begun the process of giving back its elements to earth and air. "The laws of nature are the laws of health; they may be violated, but not abrogated; they may be disregarded, but not defied," and the community which shall persist in the perilous experiment of drinking the crude products of disease and decay will soon, in many individual instances, and in time as a whole, be called upon to pay the full penalty of the broken law.

A FISH STORY.—The cod-liver oil business is flourishing at Marseilles, and of course the competition runs high. A repudiated advertisement of one of the manufacturers reads as follows: "The cod being one of the small fishes of the sea, is constantly tracked and pursued by its enemies, the whales and sharks, etc., therefore it lives in a constant state of fear; and it is a well-established fact that fear engenders in all living creatures jaundice and diseases of the liver. Consequently, all codfish taken in the open sea have diseased livers. But all my fish are caught in a safe harbor, where marine monsters can not enter. They live there in peace and comfort. Their livers are perfectly healthy, and that is the reason why my cod-liver oil is the best."—*Medical and Surgical Reporter*.

THE honor of knighthood has been conferred on Her Majesty's Surgeon-Apothecary at Osborne, Dr. W. C. Hoffmeister.

## Bibliography.

**Conversations between Drs. Warren and Putnam on the Subject of Medical Ethics.** With an account of the Medical Empiricisms of Europe and America. By FRANK HASTINGS HAMILTON, M.D. New York: Bermingham & Co. 1884.

These conversations were originally published in successive numbers in the *Medical Gazette* at a time when the code controversy was running at high tide. They represent by far the clearest, most logical, and dispassionate protest against the New York break of any which appeared during that remarkable era, and being in every point worthy of their learned, gifted, and courteous author, it is fit that they should be laid before the profession in some permanent form.

It is not probable that the code controversy will be renewed in the near future, since outside of New York (which it seems, medically at least, is something less than the whole Union) there are few, if any, regular practitioners who do not hold integrity to science and rational medicine to be of more worth than any seeming good which mammon, through the patronage of quackery, might bestow. But though the issues which led to its production are as good as dead, the book is quick to the highest mark of vitality, and while affording an agreeable entertainment for all can not fail of a most salutary effect upon any who may have caught the infection of New York specialism. If there be any doubting Thomas outside of the Empire State, we hope, in the interest of truth, that he will not fail to read Dr. Hamilton's book.

**Legislation on Insanity.** A Collection of all the Lunacy Laws of the States and Territories of the United States to the year 1883, inclusive; also the Laws of England on Insanity, Legislation in Canada on Private Houses, and Important Portions of the Lunacy Laws of Germany, France, etc. By GEORGE L. HARRISON, LL.D., late President of the Board of Public Charities of Pennsylvania. Philadelphia: Privately Printed. 1884.

This work, an octavo of 1,119 pages, has been prepared with great labor and in the spirit of true philanthropy, its object being such enlightenment of the two great professions which have to do with the management and disposal of the insane as shall make to the best good of this "most pitiable and helpless" class of beings.

The lawyer will by its aid be saved an

immense labor in his preparation for any given trial, and be able by its means to do better by his afflicted client than was in his power before the publication of this work, while the physician will find it a lamp to his feet in treading the often doubtful and difficult way of the expert witness in lunacy.

It is well known that in some of our States the laws relative to lunacy are glaringly defective, while in others they are adequate to the exigencies of any thing but extreme cases: The placing, therefore, of the good alongside of the bad in the same volume can not fail of a healthful influence upon legislation in this direction.

A glance at the records of some of the celebrated lunacy cases which have come up for trial during the last semi-decade will convince any reasonable man that the plea of insanity has been too often urged where it was unwarranted, and quite as often set aside where science and humanity justly demanded it; the sane criminal being placed in the asylum or turned loose to repeat his crime, while the insane has been cruelly sent to the prison or the gallows.

Of course it may be properly urged that it is the business of the expert in psychiatry to draw the line of distinction between these two classes of criminals; but none can deny the influence which precedent and a sound and unequivocal exposition of the law must have in the final disposition of every doubtful case.

These points are but a few among many which might be urged as reasons why the book should be popular with the members of the legal and medical professions alike, and it is to be hoped that while it is now privately printed, and probably issued through a small edition, some means may be taken for giving it the wide circulation which it merits.

**The Pathology, Diagnosis, and Treatment of Diseases of the Rectum and Anus.** By CHARLES B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. With two chromo-lithographs and nearly one hundred illustrations. New York: William Wood & Co. 1884.

Two years ago this work appeared as one of the new and original numbers of the Library of Standard Medical Authors. The favor with which it was received by the profession and the ever rapid growth of rectal surgery have made necessary a new edition of the work.

Its plan remains unchanged, but the text

has been amplified in many places, while one entire new chapter (on rectal hernia) has been added.

Dr. Kelsey is one of our most industrious and skillful specialists, and through this work takes rank among the best scientific writers of the day.

The publishers issue the volume in their best style; the press-work is above criticism, and the plates are a flattering testimonial to the skill and accuracy of the artist who prepared them.

Lectures on the Principles and Practice of Medicine, delivered in Chicago Medical College, Medical Department of the Northwestern University. By Nathan Smith Davis, A. M., M. D., LL D., Dean of the Faculty and Professor of the Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College, etc. Chicago: Jansen, McClurg & Co. 1884.

### Correspondence.

#### INVERTED UTERUS OF THIRTY YEARS' STANDING REDUCED.

*Editor Louisville Medical News:*

Over thirty years ago Mrs. T. J. Threlkeld, of this place, Griffin, Georgia, met with an accident which resulted in an inverted uterus, the womb hanging out exposed during all this time. The trouble never having been properly diagnosed, no efforts had ever been made at reduction. On the 23d of April, 1883, I was called to see her, and noticed the situation. We see, on page two hundred and ninety-eight, "Churchill's Diseases of Females," that M. Valentin, of France, had reduced a case of sixteen months' standing of this kind, and as Mrs. Threlkeld's case *was only three hundred and thirty four months longer on the way than Valentin's*, I concluded to give it a trial. I took a large male catheter, filled it, with the wires straightened out, usually found with these instruments, tied a small sponge to one end, and with this, a stomach tube, and the hand and fingers, succeeded in turning the womb outside in, and replacing it in its natural position. Some ladies assisted me. The manipulation lasted about an hour.

After the operation the neck appeared to be short, soft, and pliable; the os, about an inch in diameter. An application of persulphate of iron with tannic acid was made,

which contracted the os and gave to the neck firmer feel. A large glass ball pessary was introduced, and a solution of the above-named drugs, two drams each to a washpan of water, was immediately used as an injection with a pump syringe.

The lady remained in bed for two days, and has been well ever since. This goes to show us that we ought never to despair in any case.

A. T. WM. LYTLE, M. D.

GRIFFIN, GA.

### Selections.

INTERNATIONAL MEDICAL CONGRESS — DISCUSSION ON CHRONIC GONORRHEA.—Prof. Neisser (Breslau) said that it was true, as Bockhardt had asserted, that gonococci were present in chronic cases of gonorrhea, but this was not always the case. It was not absolutely certain that gonococci always meant gonorrhea, but the difficulty of answering this question was certainly increased by the fact that they are very difficult to diagnose from other micrococci. He had examined many old cases, some as old as fourteen years, and in seventy-seven of those in which he could be sure that no re-infection had occurred, he found gonococci fifty-one times, while in the remaining twenty-six cases he could find none. Several of these he had examined only once, while in order to be certain it was necessary to examine during a period of seven or eight days, always using an oil-immersion lens. In other cases, however, in which this had been done, he could still find none, and these were presumably non-infectious; but in a separate set of four patients he was unable to discover any cocci, although it was certain that they had infected women. The cervical glands of women (Bumm) and the ducts of the glands of Bartolini (Neisser) are very favorite lurking places for gonococci, but he doubted if it were possible to diagnose gonorrhea in women by the examination of the secretion.

Professor Bergh (Copenhagen) thought this was perhaps partially due to the size of the gonococci, which were markedly smaller in women than in men.

Professor Janowsky (Prague) found gonococci in twenty-two instances of thirty cases of chronic gonorrhea which he examined. Sometimes he had to examine during an interval of from fourteen to twenty days be-



fore finding them, no coitus having taken place during that time. Once he found a mass of gonococci where there had been no coitus at all. He agreed with Neisser that an oil-immersion lens was necessary for the examination.

Dr. Michelson (Königsberg) did not believe from his experience that chronic gonorrhea was capable of absolutely causing gonorrhea, or generating gonococci in another.

Professor Neisser was not himself quite sure as yet about the power of infection in such cases. He thought it was probable, but not necessary. He knew of undoubted cases of infection from chronic cases. Janowsky's sudden outburst of gonococci probably resulted from the liberation of a mass of them which had been mechanically pent up for some time in a fold of mucous membrane, or in the mouth of a gland.

Dr. Unna believed that blenorrrhagia cervicalis of prostitutes was the common cause of gonorrhea among men, and considered that all prostitutes should be examined for blenorrrhagia in every corner before being passed.

Professor Pick (Prague), as the result of a very large experience, believed that cervical blenorrrhagia in prostitutes was not nearly so common as was generally stated. He believed that the most common seat of the secretion was in the folds around the urethral opening. He knew of cases where no gonococci had been found for fourteen days, but believed the negative results to be always due to insufficient examination. The cases should be examined carefully each day.

**ACUTE VOMITING IN INFANCY TREATED BY NUTRIENT ENEMATA.**—H. Edward H. is a rickety, bottle-fed child, seven months old. On September 6th it had a bottle of milk which was somewhat sour, but went to rest as usual. During the night the child was seized with vomiting and diarrhea. I was called to see it at 5 A. M. On the 7th I found the eyes sunken into their sockets, great pallor and listlessness. The infant was cutting its right upper central incisor. I lanced the gum and ordered one teaspoonful of castor oil. After the oil had acted the diarrhea ceased, but the sickness was unabated. Milk, whether fresh cow's, condensed, or artificially-prepared human milk, was not retained, neither was barley-water, rice-water, beef tea, nor raw beef juice, in fact every thing was pumped up unaltered,

sometimes seeming hardly to have got into the stomach. By the evening of the 8th the child had been some hours passively convulsed, or else very restless, extremities at times cold, and fontanelle very depressed. Lime water, bismuth, hydrargyrum cum creta, one fourth grain every four hours, tincture opii, one eighth minim, tincture iodi, one fourth minim, creosote, one twelfth minim, glycerinum boracis—all seemed useless. Nutrient enemata were now commenced, after my evening visit on the 8th, and were continued until the morning of the 12th, as nearly as possible every two hours. The enemata were in amount two tablespoonfuls, with half a teaspoonful of brandy in each, and consisted sometimes of condensed, or fresh cow's or artificially-prepared human milk, sometimes of beef tea of different kinds, all slightly warm. After a few times the child kept quite quiet while the injections were being given, and seemed revived after them. None of them were returned. Since the nutrient enemata were commenced, the bowels have acted twice daily, gradually getting less slimy and more natural. For rather more than three days and three nights no nourishment was taken by the mouth, the lips being moistened with brandy and milk. On the 9th, a warm vinegar and water compress was kept most of the day around the waist, and since the 9th one tablespoonful of cod-liver oil was rubbed into the chest after washing the child each morning. During the night of the 11th, beef tea made with Liebig's extract of meat was kept on the stomach, one tablespoonful about every four hours. On the same day the child smiled and seemed hungry, but was sick if more than a small quantity was given at a time. From the time the stomach began to retain beef tea, bismuthi subnitrate one half grain, with tincture opii one eighth minim, was given when any sickness or retching occurred, and seemed to do good. On the 13th, half a teaspoonful of cod-liver oil began to be given three times a day by the mouth. On the 14th half a teaspoonful of steel wine began to be taken as well. Though the beef tea was the first thing retained by the stomach, the child soon began to refuse it, preferring its bottle of cows' milk (boiled) and water. The parents consider the issue highly satisfactory, as they thought their child was for some days little better than a corpse, while now it is daily gaining strength and vigor.—*A. W. Green, M. R. C. S., etc., in the London Medical Times.*



**TREATMENT OF ASIATIC CHOLERA.**—Put the patient to bed. Inject hypodermically a solution of carbolic acid (half a grain of crystallized carbolic acid in twenty drops of water) with a solution of hydrochlorate of morphia, which may be repeated at intervals, as necessary. Let him have a hot-air bath made with a lamp and cradle over the bed, or hot bricks wrapped in flannel, and applied to the soles of the feet and armpits. Let him sip freely and frequently of sulphurous acid lemonade with glycerine, of which the following is the formula: Sulphurous acid, one ounce; glycerine, three ounces; tincture of lemon, four drams; syrup to eight ounces. Half an ounce mixed in a tumbler of water makes "sulphurous acid lemonade."

**Diet.** Let his diet be composed solely of white of egg well beaten up and mixed with an equal quantity of water, and given cool in small quantities frequently.

**External treatment.** The patient to be sponged occasionally with hot solution of carbolic acid (as in smallpox, to protect the patient as well as the nurse). All soiled linen coming from the patient to be put into a like solution.

During an epidemic of cholera something important also may be done in a prophylactic way, by the administration of such medicines as will, we know, act as bactericidal anti-zymotics. An ingenious plan was adopted during a former epidemic by my friend, Dr. Jas. Arthur Power, by means of which all our households took anti-zymotic medicine inadvertently; the plan was the mixture of powdered hyposulphite of soda with ordinary table salt, in the proportion of a small teaspoonful to an ordinary salt-cellarful; thus a good anti-zymotic was administered daily in a tasteless form. A pill containing half a drop of creasote taken with meals is an excellent anti-zymotic remedy. All drinking water should be boiled and filtered and allowed to cool.—*F. Eachus Wilkinson, M. D., in the Lancet.*

**SAUNDEY ON THE GLASGOW DISCUSSION ON ALBUMINURIA.**—Dr. R. Saundby (Glasgow Med. Jour., June, 1884), makes the following comments on points raised in the recent discussion on albuminuria at Glasgow. He thinks the practical question is not whether the people in whose urine Leube and others have found albumen were really and absolutely healthy—an evidently insoluble problem; but, what is the diagnostic and prognostic value of albuminuria as

a guide to the existence of organic changes in the kidneys, either present or impending? He points out that many cases have been recorded which appear to contradict the widely-held opinion that albuminuria indicates a condition which sooner or later tends to organic renal disease, and he relates an interesting example of what was apparently a bad case of albuminuria of adolescence, terminating in a complete recovery, which had been maintained for eleven years. He believes it to be high time that the textbooks extended the duration of Bright's disease from the "six months to two years" so commonly taught. He has never seen albuminuria in a perfectly healthy person, but he has often seen it where he had the strongest reasons for believing that it was not dependent upon structural disease of the kidneys. If those who carp at the phrase "physiological albuminuria" are satisfied with the presence of anemia or dyspepsia as an explanation of the albuminuria, they appear to miss the whole point worth contending for, which is the relation of albuminuria to structural kidney disease. He thinks this grave diagnostic significance does not exist, and that in all cases the microscope must determine the state of the kidneys, by the existence, character, and number of the tube-casts.

In testing for albumen he rejects the new methods as fallacious, recommending the use of heat and acetic acid with the following precautions. The urine should be that passed after breakfast; it must be clear, and, if necessary, should be filtered, with or without previous addition of sodium chloride or magnesium sulphate. Putrid urine is unfit for accurate examination. Fill a test-tube two thirds full of urine, and boil the upper half. *It must be well boiled, not merely heated to a boiling point.* Acidulate with a few drops of dilute acetic acid. Hold the tube against a shaded background, with the light falling from above, when the faintest haze may be detected by contrast with the clear fluid below. In a bad light, or by artificial light, the detection of a faint haze with certainty is impossible.

The proteid detected by this method is serum albumen or paraglobulin. He does not think, from experiments he has made, that either oxalate of lime or mucin constitute practical sources of fallacy. He admits that picric acid is a test of delicacy and convenience, and may be used with knowledge of its sources of fallacy; but he thinks the heat test as he has described it should

be generally adopted by the profession for ordinary clinical purposes.—*London Medical Record*.

**TREATMENT OF ASTHMA.**—Dr. Robert Saundby (Birmingham Medical Review), in the course of an interesting paper on the subject of asthma, says: Is there any drug that wards off the attacks? This is a very important question, and one which I have set myself to answer. Belladonna, arsenic, lobelia, and iodide of potassium have each found their supporters. I have given a sufficient trial to all of these, and the only one in which I have any confidence is iodide of potassium. Its value in this disorder has been long known, but it is not so generally appreciated as it should be. This may partly be because the dose required is large, ten grains three times a day, or the same amount in two doses of fifteen grains each. Another drug, which certainly appears to be of use, is sulphur, the *balsamum pectoris* of the celebrated Hoffmann. This may be given in doses of ten or twenty grains in syrup or honey, once or twice daily.

The importance of counter-irritation, well insisted upon by that distinguished clinician, Dr. Graves, must not be overlooked. Graves recommended the application of the linimentum terebinthinæ aceticum, or St. John Long's liniment, as it was called, to the nape of the neck and the upper part of the chest and back. Some years ago I was struck by the results recorded by an American physician, Dr. Faulkner, from the use of pigmentum iodi painted over the course of the pneumogastric nerves. In several cases I have seen this plan of essential service, and can recommend it, though it has not proved in my hands a radical means of cure. The man, H. H., who was suffering very much from dyspnea when he came to me, was ordered to use the iodine paint that evening, and reported to me afterward that he had slept all night for the first time for twelve months.

As to the *modus operandi* of this procedure, we may conceive that vigorous stimulation in the cervical region would be very likely to have some effect upon the phrenic nerve; and if we accept the most recent views, that the spasm is mainly due to contraction of the diaphragm under the influence of this nerve, counter-irritation, not necessarily "in the course of the pneumogastric," but in that region, or in the

nape of the neck, as Graves suggested, seems a very rational and proves a very satisfactory method of treating this disorder.

When there is persistent *dyspnea*, some *bronchitis* and *cough*, a cough mixture must be given, and to the ordinary mixture of squill, senega, ipecacuanha, I would recommend the addition of fifteen drops of the fluid extract of *Grindelia robusta* (a species of sunflower). This is one of the new American remedies which has fairly stood the test of experience, and has proved a valuable means of relieving dyspnea.

The value of inhalations of stramonium, niter, tobacco, etc., has been perfectly well established, and these sufferers are in the habit of seeking such remedies without consulting us. Various articles, cigarettes and pastilles, are commonly advertised. Dr. Sawyer, some little time ago, asked Messrs. Southall to analyze one of the most popular forms of these latter, and they reported it to contain approximately one part each of powdered aniseed and potassium nitrate, and two parts of powdered stramonium leaves.

The hypodermic injection of morphia is strongly recommended by Dr. Steavenson, himself a sufferer from asthma, as the most effectual means of relief during the paroxysm.

One of my patients, who was no doubt dyspeptic, found a great deal of relief from the occasional use of an emetic, while another of his plans for treating himself was to abstain from food entirely for twenty-four hours.

Constipation may be present, and we may take it as a rule that torpor of the bowels always acts prejudicially on the respiratory tract. I do not think in the present day quite sufficient attention is paid to the value of purgatives in the treatment of disease. It often happens that otherwise well-considered treatment fails for want of an associated purge, and in a great many conditions, as in chlorosis, purgation is an absolute essential to the success of the specific remedy employed. Moreover, we leave this matter too much in the hands of our patients, and think any laxative will do. This is another very serious mistake; any laxative will not do. Each condition has its appropriate laxative, and in the one we are at present considering sulphur, otherwise indicated, is the most appropriate. It may be conveniently given in the form of a confection with a little compound jalap powder.

**A NEW METHOD OF COVERING BONE DENUDED OF PERIOSTEUM.**—James Craig, M. D., writes, in *Medical and Surgical Reporter*: Some years ago I was called to see David K., aged about twelve years, who was severely injured by being run over by a heavy wagon. The boy was thrown in the gutter, and the wheel passed over the left side of the head, tearing away the scalp and periosteum, and exposing the skull for a little over one third of its extent. The boy was carried home in an unconscious condition, and was kept quiet.

In the morning a cathartic was given to act on the stomach and bowels, as a revulsive to the brain. Strange to say, after consciousness returned the next morning, no more cerebral symptoms appeared, and there was very little constitutional disturbance.

But the great trouble was, what to do with the denuded bone, as the scalp and periosteum were ground from the skull and mixed with the mud in the gutter.

Here was an unpleasant dilemma to be placed in, and one difficult to solve. I washed off the mud and blood, and used water-dressing to the head, and covered the denuded part with oiled silk. The inflammation was slight compared with the extent of the injury, and in a short time was subdued, the edges presenting a healthy granulated appearance.

But how was the exposed bone to be covered? If the periosteum had been left, the task would not have been so difficult.

An idea presented itself to my mind, which I have never seen or heard of being put into practice. I had the scalp shaved, and with a chisel cut away the outer table of the skull on opposite sides of the denuded part for about two lines in width, and with adhesive plaster drew the granulated surfaces over the chiseled parts, and to my best wishes had the pleasure to see them insinuate themselves into the diploë and adhere.

This method of chiseling was continued until the entire surface was covered, which took about three months to complete it.

The exposed bone was painted with glycerine and covered with oiled silk, to prevent exposure to the atmosphere as much as possible. The result was very satisfactory, and the cicatrix which was left was small, being less than two lines in width.

The nature of the case and its happy termination is the reason for bringing it to

the notice of the profession, in the hope that in similar cases the above method, if adopted, might lead to as satisfactory results.

**IODOFORM** (*Year Book of Therapeutics* for 1884).—Dr. Gaetano Rummo has studied the physiological action of iodoform experimentally in the laboratory of Prof. Vulpian, in Paris, and an outline of his paper may interest many practitioners who have and others who will find the antiseptic and local anesthetic properties of this drug useful.

Iodoform was discovered in 1822, and for about fifteen years it was of interest only to chemists. Bouchardat, in 1836, studied its properties and anticipated its future. In 1853 it was again studied in Paris, and since then, especially during the seventies, in Germany and elsewhere.

All authors admit the local anesthetic effect of iodoform, and most admit its general anesthetic action. It has a powerful antiseptic action. Nearly all authors affirm the paralyzing and narcotic action of the drug, and its convulsive action has been seen by many.

It is eliminated principally as iodide. How it acts, in what way it influences the secretions and the gastro-intestinal tract, and many important facts relating to its physiological action, were less well understood. As a consequence surgeons found themselves in the face of a serious accident, iodoform poisoning, and a reaction against this substance was the consequence.

There are three classes of phenomena in iodoform poisoning:

"(1) Gastro-intestinal troubles: anorexia, loathing of food, taste of iodoform in the mouth, coated tongue, epigastric pains, vomiting, and sometimes diarrhea.

"(2) Cardio-vascular troubles: the pulse is accelerated to 130–140 beats per minute, becomes irregular, and in some cases the pulse wave is weak; the pulse and heart's action denote threatening syncope.

"(3) Nervous troubles: psychical phenomena appear, periods of excitation, agitation, hallucinations, tendency to suicide, impulsive mania, furious delirium; in some it is possible to find a period of depression characterized by melancholia, particularly sadness with a tendency to weeping, somnolence, loss of memory, comatose state. It is not rare to see convulsions and paralysis."

From this it is not to be inferred that

iodoform deserves to be considered a dangerous substance, for in three thousand hospital cases and in about four thousand out-patients Mosetig-Moorhof did not discover a single case of poisoning.

Iodoform is easily absorbed by the skin deprived of its epidermis; it is absorbed by inhalation, and especially by the stomach and the peritoneum. It is eliminated slowly as iodide of sodium by all the secretory organs, and in small quantities in the breath as iodoform. Large doses cause in animals albuminuria and hematuria and fatty degeneration of all organs, especially the liver.

Iodoform does not stop the development of bacteria already begun in putrid liquids, but it is more powerful to prevent their formation.

Hofmokl, who considers iodoform very useful in surgery, suggests that the application of iodoform bougies to long fistulæ of the soft parts is more hurtful than otherwise, as the fistulæ are only stopped up, and the products of decomposition are not discharged. Equally unwise is the filling up of the mouth of a fistula with dry powdered iodoform.

**MARRIAGE AND MITRAL STENOSIS.**—The Medical News tells us that in a recent clinical lecture at La Charite, Dr. Landouzy stated that the mitral orifice is anatomically narrower in women. On the other hand, the hyper-alkalinity of their blood leads to sclerosis. These conditions explain the frequency of mitral stenosis in women. Nevertheless, as long as the left auricle, says the *Journal de Medecine*, remains in good condition, the primary lesion makes but little progress; but when the great vital test of pregnancy comes there is danger.

Porak's statistics show that in gravidocardiac disorders, as they are called, more than two thirds of the cases are those of mitral stenosis, mitral insufficiency, or the two combined. Obstetricians are agreed in advising that a woman suffering with mitral disease, especially mitral stenosis, should not marry; or, being married, should not have a child; or, having given birth, she should not nurse. A woman with mitral disease having been married, and becoming a widow without having borne a child, is in a most favorable condition if she remains content with widowhood. So, too, religious celibates who preserve their continence may have mitral stenosis and live to the age of grandmothers.

Landouzy mentions the case of a young girl, who had been in the hospital under his care, and whom he had advised not to marry, but who disregarded his advice, married, became pregnant, and, after a miscarriage, died suddenly in an attack of asystole.

Of course, in cardiac disease, it is well to discourage marriage; but, in regard to such action, the old fable of Cupid being blind has countless illustrations, and at the bridal altar these very maidens, like other brides, deck themselves with orange flowers, the very symbol of fecundity—whether they know this or not—when they ought not to have a single pregnancy. But, when married, they are advised not to have children. How many women can control this matter? To avoid reproduction is very easy to advise, very difficult to do. Possibly it might be well to counsel these cardiopathics to prepare for marriage by first undergoing Battey's operation. But when the wife is not sterilized in advance, a similar proposition might be made to the husband; and in the day when our gentle sisters become professors of diseases of the male sexual organs, possibly normal orchidectomy may occupy as important a place in the surgical therapeutics of men as normal ovariectomy now does in diseases of women.

However, we are not sanguine that either plan of treatment for the prevention of pregnancy will be adopted; but we are inclined to think that germicide solutions may continue to be in demand by cardiopathic wives:—*Medical and Surgical Rep.*

**SYPHILIS AND CHOLERA.**—M. Martineau stated before the Hospitals Medical Society of Paris (Medical Record) his views upon the relations of syphilis and cholera, and the influence exerted upon the latter by the former affection. It had been asserted that the mercury given in the treatment of syphilis, especially the biniodide of mercury, acted also as one of the best prophylactics against cholera. The speaker opposed this view, and stated that of nine fatal cases of cholera occurring during the epidemic of 1849 in the Hospital de Lourcine, eight of the patients were under treatment for syphilis. A similar experience obtained in 1866. At that time two wards were devoted to the reception of cholera patients, but the disease spread throughout the hospital and attacked by preference the syphilitics.

M. Dujardin-Beaumetz had observed the same untoward results in the case of syphilis and typhoid fever. It had become a



common saying in the Hospital Cochin, that a patient in the early stage of syphilis, if attacked by typhoid fever, was a doomed man. Thus the mercury was seen to fail likewise in this disease. It was true, as stated by Miquel, that the biniodide of mercury was a most powerful disinfectant. But it was very unsafe to reason that, because a certain drug acted as a microbicide in the test-tube, it would act similarly in the human organism.

M. Bucquoy agreed with the last speaker as to the gravity of typhoid fever when it attacked a patient already suffering from syphilis.

M. Damaschino recalled several fatal cases of cholera occurring in syphilitic patients during the epidemic of 1866.

M. Fereol regarded syphilis and cholera as a combination of great gravity, but could not entirely agree with the last speakers as regards the evil influence of syphilis upon the course of typhoid fever. He had seen a number of cases of this kind in which recovery took place.

**FLUID EXTRACT OF GREEN COFFEE.**—Like tea, coffee can also be readily obtained of excellent quality and uniform prices.

In the trials of the fluid extract of coffee an amount containing 1.95 grains of caffeine produced the same results as three grains of pure caffeine or two grains of caffeine as it exists in tea, and about 2.58 grains as it exists in guarana.

The method of comparing these agents by a physiological test is not offered by Dr. Squibb as "a method of precision or as worthy of any great trust, and it is especially guarded against being received for more than it is worth. It is only a practical plan, carried out with much pains and care for close guessing at results, but the observations are fairly consistent among themselves, and therefore place the agents in a true relation to each other."

This would seem to be too modest a statement of their worth, and the profession are certainly indebted to him for a better acquaintance with the composition and comparative merits of some much-used drugs.—*Dr. F. Minot, in the Boston Medical and Surgical Journal.*

**MASKED SEPTICEMIA.**—Dr. E. Moritz relates three cases of septicemia in which the symptoms were of an unusual character, leading at first to the diagnosis of some other condition. In the first case the pa-

tient complained chiefly of headache and pains in the limbs. The body was covered with numerous petechial spots. It was supposed at first, owing to the peculiar temperature curve, that the case was one of relapsing fever, but a daily examination of the blood failed to show the presence of spirilli. The diagnosis of septicemia was then made and this was confirmed by the autopsy. The second case was supposed to be one of diphtheria, though the probability of septicemia was recognized before death. In the third case the symptoms seemed to point to a commencing smallpox. In all these instances the autopsy revealed small subpleural ecchymoses, septic endocarditis, a large softened spleen, and parenchymatous degeneration of various organs. The points of infection seemed to have been, in the first case a large clavus on the sole of the foot, in the second a diphtheritic inflammation of the pharynx, and in the third case extensive submucous extravasations in the small intestine.—*Schmidt's Jahrbücher, July 23, 1884; Record.*

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from October 12, 1884, to October 18, 1884:

*Norris, Basil*, Lieutenant-Colonel and Surgeon, relieved from duty as Attending Surgeon, Washington, D. C., and ordered for duty as Medical Director, Division of the Pacific and Department of California, relieving Surgeon E. I. Baily; Colonel Baily, on being relieved, will assume the duties of Attending Surgeon at San Francisco, Cal. *Spencer, William C.*, Major and Surgeon, from Department Dakota to Department East. *Goddard, Chas. E.*, Major and Surgeon, to be relieved from duty at Jefferson Barracks, Mo., and to report for duty in Department of Dakota. *McClellan, Ely*, Major and Surgeon, from Department of the East to duty at Cavalry Depot, Jefferson Barracks, Mo. (S. O. 242, A. G. O., Oct. 15, 1884.) *McKee, Jas. C.*, Major and Surgeon, granted leave of absence for one month, with permission to apply at Division Headquarters for one month's extension. (Par. 1, S. O. 149, Dept. Col., Oct. 3, 1884.) *Wolverton, W. D.*, Major and Surgeon, granted one month's leave of absence, to take effect when his services can be spared by his post commander. (Par. 4, S. O. 211, Dept. East, Oct. 16, 1884.) *Havard, Valery*, Captain and Assistant Surgeon, assigned to temporary duty at Fort Schuyler, New York Harbor, N. Y. (Par. 2, S. O. 211, Dept. East, Oct. 16, 1884.) *Porter, J. Y.*, Captain and Assistant Surgeon, granted leave of absence for one month on surgeon's certificate of disability, with permission to leave the limits of the Department. (Par. 3, S. O. 138, Hdqrs. Dept. Texas, Oct. 9, 1884. Confirms telegraphic order of same date.)